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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

9010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	310265.90236
	First Named Inventor	Carl Dvorak
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE

the specification of which

(Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code 1119(a)-(d) or 3605(b) of any foreign application(s) for patent or inventor's certificate or 3605(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
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<input type="checkbox"/> Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:				
I hereby claim the benefit under Title 35, United States Code 1119(e) of any United States provisional application(s) listed below.				
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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Inventor's Signature Date

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☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
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Inventor's									Date				
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Post Office													
Post Office													
City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor								
Given				Middle		Family				Suffix			
Inventor's									Date				
Residence:					State		Country			Citizenship			
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City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor								
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Inventor's									Date				
Residence:					State		Country			Citizenship			
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City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor								
Given				Middle		Family				Suffix			
Inventor's									Date				
Residence:					State		Country			Citizenship			
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